

## GRAMA REQUEST FOR RECORDS UTAH DIVISION OF FORESTRY, FIRE AND STATE LANDS

Requester Name:					
	Address:				
C	ity, ST Zip:				
Daytime Phone:				Date:	
To (Record	ds Officer or (	oordinator) <sup>†</sup> ?			
Description of Records Sought (must be reasonably specific):					
	I would like to inspect the records.				
	I would like to receive a copy of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$				
	I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under UCA 63-2-204(3).)				
If the requ	ested record	are not public, please e	explain why you believe you	are entitle	ed to access.
	I am the subject of the record. (Private records only).				
	$\square$ I am the person who provided the information. (Protected records only).				
	I am authorized to have access by the subject of the record or by the person who submitted the information. (Please attach documentation required by (UCA 63-2-202).				
	Other. Expla	in			
Signature:			Da	ate:	

<sup>&</sup>lt;sup>†</sup>The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rules, or telephone the records officer at 801-538-5555.

## For Agency Use Only Date request received: Time limit for response: **Does GRAMA apply?** It does not if: ☐ Access if governed by a law other than GRAMA. Requested document is not a "record" as defined by GRAMA. **Classification:** (IF GRAMA applies) ☐ Private ☐ Controlled ☐ Protected ☐ Public Is access authorized? (Complete this section if records are private, controlled, or protected.) Requester is the subject of the record. Requester is other person authorized by UCA 63-2-202(1) and has supplied required documentation. Controlled: Requester is a physician, psychologist, or certified social worker, has supplied a notarized release dated no more than 90 days prior to this request, and has signed an acknowledgment regarding nondisclosure. UCA 63-2-202(2). ☐ Requester is not entitled to access. Requester is person who submitted record. Protected: Requester is other person authorized by UCA 63-2-202(4), and has supplied required documentation. ☐ Requester is not entitled to access. How was identification verified? **Response to request:** (See UCA 63-2-204) Approved. Requester was notified on \_\_\_\_\_\_\_, \_\_\_\_\_\_. Denied. Written denial sent on \_\_\_\_\_\_\_, \_\_\_\_\_\_. Requester was notified agency does not maintain record, and, if known, was also notified on \_\_\_\_\_\_, \_\_\_\_\_, of name and address of agency that does maintain record. ☐ Extension of time claimed for extraordinary circumstances. Required notice sent on \_\_\_\_\_\_, \_\_\_\_\_\_. See UCA 63-2-204(3)(iv). Copy fees: \$\_\_\_\_\_

## **Hours spent responding to request:**

Supervisory or professional: \_\_\_\_\_ Staff \_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_